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SENSE NO.			<u>i</u>		1000			(Box provisions	etion 3700 of the Labor Code, I shall forthwith comply	ibject to the workers compens			This section need not be completed if the permit is for one hundred		·	Palicy Vimber	131111		CA AND WORKERS COMPENSATION INSURANCE	the Courte for	main workers of	Amut is i	Section	and the continue of the contin	I hereby affirm under penalty of perjury one of the tollowing declarations:		WORKER'S COMPENSATION DECLARATION)	ORK IN DETAIL	(A) BUILDING () MECHANICAL () PLUMBING ()		NO. OF ROOMS ROOF COVERING AREA IS I FLOOR	מסט מסטים לייני מסטים	ARCH, ENGR.		· · · · · · · · · · · · · · · · · · ·		LICENSED CONTRACTOR	APPLICANT	PARCEL NO.			TACA STIP YOUR	
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OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNER

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

		labor and materials for co	
2. I (have/have no permit for the prop	ot) Have	signed an applicatio	n for a building
3. I have contract construction:	ted with the following p	erson (firm) to provide the	proposed
Name		Address	
		Telephone	
	cense No. $\mathcal{N}_{\mathcal{N}}$		
4. I plan to provi	ide portions of the work ise, and provide the maj	, but I have hired the foll or work.	
Name		Address	
		Telephone	
	cense No. No.		
	some of the work but I	have contracted (hired) the	e following to provide
Name	Address	Phone	Type of Work
./			
Signed //			
- 	MUNICIPAL WALL SH	GENERATO Date 928	198
Permit No.:	,	•	